

REQUEST FOR TRANSFER EXAM STAFF SERVICES ANALYST (GENERAL)

NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number)			WORK TELEPHONE NUMBER
(Street)			()
(City)	(County)	(State)	(Zip Code)
			E-mail Address

ANSWER THE FOLLOWING QUESTIONS:

- 1) Are you now employed by the Department of Mental Health? ☐ YES ☐ NO
- If yes**, which Location: ☐ HQ ☐ ASH ☐ CSH ☐ MSH ☐ NSH ☐ PSH ☐ SVPP ☐ VPP
- If no**, What Department? _____ Personnel's Phone number (your Department) _____

- 2) Do you have a job offer to the SSA classification with Department of Mental Health? ☐ YES ☐ NO
- If yes**: Hiring Supervisor's Name: _____ Hiring Supervisor's phone number: _____
- which Location: ☐ HQ ☐ ASH ☐ CSH ☐ MSH ☐ NSH ☐ PSH ☐ SVPP ☐ VPP

- 3) Do you need reasonable accommodation to take a written test? ☐ YES ☐ NO
- (If "Yes", you will be notified to make special arrangements)

QUALIFICATION FOR LATERAL TRANSFER:

Consideration for lateral transfer is based on the last appointment by certification or Board action.

APPLICANTS--DO NOT USE THE SPACE BELOW--FOR HUMAN RESOURCES USE ONLY

TRANSACTIONS

Last or highest A01 appointment			
Class Code	Title	Tenure/Time Base	Range

☐ Eligible for Transfer

☐ Not Eligible to Transfer

Transfer Range Verified by: _____ Date: _____

EXAMS

Date Test Scheduled _____ Date notified of test _____

Points: _____ ☐ Pass ☐ Fail Scored By: _____

Date Score Entered: _____ Date Results Sent: _____

Privacy Statement

This information is requested by the Department of Mental Health's Examination Section per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for transfer exam.